

HIV PRIMARY CARE MEDICAID REIMBURSEMENT SYSTEM

Chart 2

Billing Codes, Utilization Limits, Medical Documentation

Visit	Clinic Visit Rate Code	Hospital Visit Rate Code	Utilization Limits*	Medical Record Documentation Requirements
HIV Testing Visit	1695	2983	UT 2	<p><u>First Visit</u></p> <ul style="list-style-type: none"> ▪ The signed HIV Consent Form, ▪ HIV Test result, and ▪ Notation as to whether the results have been communicated to the patient. <p><u>Second Visit</u> An entry justifying the need for a second or subsequent HIV Testing Visit, e.g., patient had recent risk at the time of the first test.</p>
HIV Pre-Test Counseling Without Testing	3109	3109	Cap 1	<ul style="list-style-type: none"> ▪ A notation that counseling was provided, ▪ The reason the patient declined testing, ▪ Follow-up plan, including indications for further counseling and testing.
HIV Counseling (Positive)	1802	3111	<p>UT 3</p> <p>UT 1</p>	<p><u>Initial Diagnosis</u></p> <ul style="list-style-type: none"> ▪ Preliminary or confirmatory positive test result, ▪ Referrals to medical care and supportive services, ▪ Follow-up to ensure entry into care, ▪ Prevention/risk reduction counseling and follow-up plan, ▪ Partner counseling and assistance, including domestic violence screening ▪ Medical Provider HIV/AIDS Report and Partner Contact Form (DOH 4189) <p><u>Annual assessments for patients with HIV</u></p> <ul style="list-style-type: none"> ▪ Partner counseling and assistance, including domestic violence screening <p>Prevention/risk reduction counseling and follow-up plan.</p>
Initial/Annual HIV Medical Evaluation	1697	2985	Cap 1	<ul style="list-style-type: none"> ▪ Baseline or interim history, ▪ Comprehensive physical evaluation, ▪ Routine laboratory assessment and diagnostic screening, ▪ Behavioral health counseling, ▪ Treatment plan and referrals.
HIV Monitoring	1699	2897	UT 3	<ul style="list-style-type: none"> • Immunologic Assessment; • Interim history and physical; • Evaluation of psychosocial needs.

Utilization Thresholds (UT): represents the expected visit usage based on current clinical practice; justification for visits exceeding the threshold must be documented in the patient's medical record.

Utilization Cap is the maximum annual visit usage established by the Department. Billing above the cap will be denied.